

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: AN OPENING-CLOSING DEVICE FOR AN  
OPENING-CLOSING MEMBER OF A VEHICLE

Attorney Docket Number:: 000409-110

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Toshiyuki

Middle Name::

Family Name:: SAKAI

Name Suffix::

City of Residence:: Kariya-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 12-2 Tennoumae, Hitotsugi-cho

City of Mailing Address:: Kariya-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing  
Address::

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Takeshi
Middle Name::	
Family Name::	YAMAMOTO
Name Suffix::	
City of Residence::	Takahama-shi
State or Province of Residence::	Aichi-ken
Country of Residence::	Japan
Street of Mailing Address::	3-5-3-407, Tado-cho
City of Mailing Address::	Takahama-shi
State or Province of Mailing Address::	Aichi-ken
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Hiroji
Middle Name::	
Family Name::	IKEDA
Name Suffix::	

City of Residence:: Nagoya-shi  
State or Province of Residence:: Aichi-ken  
Country of Residence:: Japan  
Street of Mailing Address:: 503, Bunkyo-dai 2-chome, Meito-ku  
City of Mailing Address:: Nagoya-shi  
State or Province of Mailing Address:: Aichi-ken  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number:: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2003-118751	04/23/03	Yes

## **Assignee Information**

Assignee Name:: AISIN SEIKI KABUSHIKI KAISHA

Street of Mailing Address:: 1, Asahi-machi 2-chome

City of Mailing Address:: Kariya-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 448-8650